

# TRUSTEE'S STATEMENT FOR CERTIFICATE OF TITLE

Wisconsin Department of Commerce  
Manufactured Home Unit  
P.O. Box 1355  
Madison, WI 53701-1355

Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m)].

Manufactured Home (Serial) Identification Number	Date
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Year	Make	Size	Body Length and Width
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Name of Trust	Trust Federal Tax Identification Number
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Name of Person Creating Trust	Trust Created By	Date Trust Created
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☐ Letters of Trust ☐ Will ☐ Other \_\_\_\_\_

Principal Trustee Name

Residence Address (Include apartment number if applicable.)

City, State, Zip Code

Cotrustee

Residence Address (Include apartment number if applicable.)

City, State, Zip Code

Cotrustee

Residence Address (Include apartment number is applicable.)

City, State, Zip Code

Include the names, addresses, and signatures of additional trustees on a separate page if necessary.

The persons signing below as trustees of the above-named trust affirm that:

1. This is a valid trust in existence at the time of this application.
2. They are duly appointed trustees of the above-named trust.
3. They have the authority to buy, sell, and register manufactured homes which are the property of the trust.
4. Their actions with respect to the transaction for which this document is provided are for the benefit of the beneficiaries of the trust.
5. They understand that the Wisconsin Department of Commerce requires this document be provided as part of an application for Certificate of Title made by a trust and that the penalties for providing false information in this document include fines and imprisonment, sections 342.06(2) and 341.60 Wisconsin Statutes.

Check if Applicable

☐ The trustees have the authority to grant a lien on manufactured homes which are the property of the trust.

☐ The trustees have the authority to file and release liens against mobile homes.

(Signature, Principal Trustee)

(Signature, Cotrustee)

(Signature, Cotrustee)